

Please type or print in ink

COVER PAGE

2003 JAN -3 PM 3:25

NAME (LAST)	(FIRST)	(MIDDLE)	CITY	STATE	TELEPHONE NUMBER
HANSEN	LARRY	D	CITY OF LODI	CA	(209) 369-8242
MAILING ADDRESS (May be business address)		STREET	CITY	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
2928		APPLEWOOD DRIVE	LODI, CA	95242	

1. Full Name of Office Sought or Held, Agency or Court:

Division, Board, District, if applicable:

CITY COUNCIL MEMBER
Position:

— If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position Title:

2. Jurisdiction of Office (Check one box)

☐ State

☐ County of _____

☒ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☐ Annual: The period covered is January 1, 2001, through December 31, 2001.

-or-

☐ The period covered is ____/____/____, through December 31, 2001.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2001, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

— During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☒ Yes — schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes — schedule attached
Investments (Greater than 10% Ownership)

Schedule B ☐ Yes — schedule attached
Real Property

Schedule C ☐ Yes — schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☐ Yes — schedule attached
Income — Loans

Schedule E ☒ Yes — schedule attached
Income — Gifts

Schedule F ☐ Yes — schedule attached
Income — Travel Payments

-or-

— ☐ No reportable interests on any schedule

Total number of pages completed including this cover page: 03

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1-04-03
(month, day, year)

Signature Larry D. Hansen
(Use the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

> NAME OF BUSINESS ENTITY
SUNDA - FAMILY LIVING TRUST

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Revocable Living Trust

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☒ Other ANNUITIES, IRA'S, INSURANCE
 (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/01 ____/____/01
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
 (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/01 ____/____/01
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
 (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/01 ____/____/01
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
 (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/01 ____/____/01
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
 (Describe)

IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
 (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/01 ____/____/01
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE E
Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

HANSEN

> NAME OF SOURCE

MR. PETER WESTBROOK
ADDRESS

DOWNTOWN LODI BUSINESS PARTNER
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Ship

DESCRIPTION OF GIFT(S) VALUE DATE

(2) TICKETS DICKENS \$150.00 12/14/07

FAIR 75.00 @ \$ / /

\$ / /

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S) VALUE DATE

\$ / /

\$ / /

\$ / /

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S) VALUE DATE

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> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S) VALUE DATE

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S) VALUE DATE

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> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S) VALUE DATE

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Comments: